



1997 ECONOMIC CENSUS
AIR TRANSPORTATION

OMB No. 0607-0834: Approval Expires 12/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

UT-4500

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce follow-up correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 2 ☐ No 3 ☐ No legal boundaries 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough

2 ☐ Town or township

3 ☐ Other – Specify

4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

Example: If a figure is **\$1,125,628.79** report **1 126** (Preferred) or **1 125** (Acceptable)

Mil-lions (000)

Thou-sands (000)

Item 4. DOLLAR VOLUME OF BUSINESS

Mil.

Thou.

010

Operating revenue in 1997

Item 5. PAYROLL

Mil.

Thou.

030

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

031

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number

032

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Item 7. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

003 1 ☐ Individual owner (sole proprietorship)

2 ☐ Partnership

5 ☐ Governmental – Specify

0 ☐ Corporation

0 ☐ Subchapter "S" corporation

9 ☐ Other – Specify

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

Note: Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

001 1 ☐ In operation

2 ☐ Temporarily or seasonally inactive

3 ☐ Ceased operation – Give date at right

4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City

State

ZIP Code

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

What was this establishment’s PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

Scheduled air transportation

070

Passenger carrier (including commuter)

☐ 4512011

Freight carrier

☐ 4512021

Courier service (including delivery of parcels weighing 100 pounds or less)

Air courier service

☐ 4513001

Courier service (except by air)

Local

☐ 4215102

Intercity

☐ 4215202

Nonscheduled air transportation

Charter passenger service (including air taxi)

☐ 4522011

Charter freight

☐ 4522021

Sightseeing airplane or helicopter

☐ 4522031

Air ambulance

☐ 4522041

Variety of specialized flying services (performing **more** than one specialized flying service, e.g., crop dusting, aerial forest fire fighting, aerial advertising and photography, aviation clubs, aerial surveying) – *List specialized flying services provided:*

☐ 4522091

Airport and aircraft services

Airport operation and terminal services (including fixed base operators (FBO’s), airfreight handling, hangar operations, airport terminal services, aircraft storage, airports and flying fields, etc.)

☐ 4581021

Aircraft maintenance and repair

☐ 4581091

Aircraft fueling service

☐ 5172001

Flight instruction or school

☐ 8299201

Other airport and aircraft transportation services – *Describe*

☐ 4581092

Arrangement of transportation for passengers

Travel agency

☐ 4724004

Arrangement of transportation for freight and cargo

Freight forwarding

☐ 4731107

Shipping agent or broker

☐ 4731216

Other kind of business or activity – *Describe*

☐ 7777777

Item 9. SOURCES OF REVENUE

Please read instructions below before completing this item.

Report sources of revenue for this establishment either as dollar figures or as whole percents of total operating revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

• Report whole percents

Not acceptable

Mil.

Thou.

Dol.

Per-cent

39

38.76

Sources of revenue

Cen-sus use

ESTIMATES are acceptable. Report dollars OR percents.

Mil.

Thou.

Dol.

Per-cent

1. Passenger revenue

700

701

702

a. Scheduled

5000

b. Charter

5010

c. Sightseeing

5020

d. Other passenger revenue

5030

2. Freight revenue (including air courier service)

a. Domestic air freight

5040

b. International air freight

5050

c. Domestic air mail

5060

d. International air mail

5070

3. Air ambulance

5080

4. Airport and aircraft services

a. Ramp service, parking, tie down, and storage fees

5090

b. Aircraft rental or leasing

5100

c. Aircraft maintenance and repair

5110

d. Flight training and instruction

5120

e. Other airport or aircraft services

5130

5. Other specialized flying services (e.g., crop dusting, aerial forest fire fighting, aerial advertising and photography, aviation clubs, aerial surveying)

5140

6. Sales of merchandise

a. Fuels and lubricants

3100

b. New and used aircraft

3300

c. Aircraft parts and supplies

3350

d. Sales of other merchandise

3750

7. All other operating revenue – Describe

076

9810

8. TOTAL (Should equal item 4 if reporting in dollars)

9990

100%

FORM UT-4500

CONTINUE ON PAGE 3

